

ARIZONA STATE BOARD OF HEALTH

State File No. 207

1. PLACE OF BIRTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

Registered No. _____

County Gila State Ariz.
 Township _____ or Village Rice
 City _____ No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

Full name of child Dinsh Hook { If child is not yet named, make supplemental report, as directed

3. Sex <u>Female</u>	If plural births	4. Twin, triplet, or other	6. Premature	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>4-25-30</u> , 19____ (Month, day, year)
		5. Number, in order of birth	Full term <u>Yes</u>		
9. Full name <u>Theodore Hook</u>			18. Full maiden name <u>Lopez Adley</u>		
10. Residence (usual place of abode) (If nonresident, give place and State) <u>Rice Ariz.</u>			19. Residence (usual place of abode) (If nonresident, give place and State) <u>Rice Ariz.</u>		
11. Color or race <u>4/4 Apache Indian</u>		12. Age at last birthday <u>23</u> (Years)	20. Color or race <u>4/4 Apache Indian</u>		21. Age at last birthday <u>21</u> (Years)
13. Birthplace (city or place) (State or country) <u>San Carlos Ariz.</u>			22. Birthplace (city or place) (State or country) <u>San Carlos Ariz.</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Common Laborer</u>			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>S.P. R.R.</u>			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		
16. Date (month and year) last engaged in this work			25. Date (month and year) last engaged in this work		
17. Total time (years) spent in this work <u>1 month</u>			26. Total time (years) spent in this work		

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ months _____ weeks 29. Cause of stillbirth _____

Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I report the birth of this child, who was alive at 4:00 P. m. on the date above stated
 (Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from a supplemental report

482-425-318 (Date of)

Registrar.

(Signed) J. P. Lough, M. D.
 or J. P. Lough, Midwife
 Address Rice, Arizona
 Filed 5/31, 1930 Registrar.